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7590

10/24/2003

SUGHRUE, MION, ZINN  
 MACPEAK & SEAS  
 2100 Pennsylvania Avenue, N.W.  
 Washington, DC 20037-3213



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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/817,242	03/27/2001	Ricardo Cozar	Q63781	8040

TITLE OF INVENTION: MASKING DEVICE FOR A FLAT-SCREEN COLOUR-DISPLAY CATHODE-RAY TUBE WITH A TENSIONED SHADOW MASK MADE OF FE-NI ALLOYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/26/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
COLON, GERMAN	2879	313-407000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **SUGHRUE MION,**  
 2. **PLLC**  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

IMPHY UGINE PRECISION

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

PUTEAUX, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent);

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tion identified above.

(Authorized Signature) *John M. Mion* (Date) *1-16-04*  
 Reg. 18,879

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01/21/2004 AWONDAF2 00000011 09817242

01 FC:1501  
 02 FC:1504

1330.00 OP  
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